EL RIO COMMUNITY SCHOOL

NEW EMPLOYEE PACKET - COVER PAGE

Required Information, To Be Completed by School HR Personnel

Employee Name _____ **SSN** _____

Employee SS# _____

Date of Birth _____

Employee Address _____

City, State, Zip _____

Phone Number _____

Position/Job Title _____

First Day of Work _____

Salary/Hourly Rate _____ ☐ ANNUAL ☐ MONTHLY ☐ HOURLY/DAILY

Employee Status ☐ FT ☐ PT Hours / Week _____

Position Classification ☐ Certificated ☐ Classified

Position Schedule
(if worked entire FY) Months/FY (circle one) 10 11 12 Work Days/FY _____

Position Annual Rate
(if worked entire FY) _____ Per Year (for salaried positions only)

Forms to Attach (DO NOT attach confidential medical forms)

☐ W4 ☐ I-9/Backup ☐ Agreement ☐ DE4 (optional) ☐ Direct Deposit (optional)

Health Deductions ☐ Health ☐ Dental ☐ Vision ☐ FSA

For Certificated Jobs ☐ ES 350 (if applicable)

For ExED Use Only

☐ STRS ☐ PERS ☐ Neither ☐ Classic ☐ New Member since _____ ☐ Enroll